PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

ication or Docket Number

P D-28435

CLAIMS AS FILED - PART I (Column 1)							SMALL ENTITY TYPE			THAN ENTITY		
TOTAL CLAIMS			25				ſ	RATE	FEE	OR	RATE	FEE
FOF	₹ .		NUMBER FILED		NUMBE	NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	
TOT	TAL CHARGEAE	BLE CLAIMS	25 minu	us 20=	. 5			X\$ 9=		OR	X\$18=	90
IND	EPENDENT CL	AIMS		nus 3 =	*			X40=		OR	X80=	
MUI	MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	ı	TOTAL		OR	TOTAL	800
CLAIMS AS AMENDED - PART				IT II			,			OTHER	THAN	
(Column 1) (Colum					(Column 3)	3. j	SMALL E		OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	Control of the second of the s	Minus	•• 1		=,,,		X\$ 9=	e.	OR	X\$18=	
AME	Independent		Minus:	***				X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
							Į	TOTAL			TOTAL	
ADDIT FEE ADDIT. F								ADDIT. FEE	3 6 4 4 4			
SNT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUN	HEST MBER /IOUSLY	PRESENT		RATE	ADDI- TIONAL FEE*		RATE	ADDI: TIONAL FEE
	Total		Minus					+ X\$ 9=∶	ya sariyani	OR	-X\$18≘	
AMENDMENT	Independent		Minus	***		=		X40=		OR	X80=	
S	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	e kaje nje en		of the	The second secon	
					The same of the sa			+135=		ÖR	+270=	
***	Provide American American State of the State			m. Hints	nail ner kunn mi			TOTAL ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1)	1 Page 45.		umn 2)	(Column 3))					
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	SHEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE.		RATE	ADDI- TIONAL FEE
N N N	Total	*	Minus	Autour die ##	. t	=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		=]	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				NT CLAIM			105		1	. 270_	†
	If the entry in colu	umn 1 is less than	the entry in colu	umn 2. wr	rite "0" in a	olumn 3.		+135=		OR	+270= TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

-		01 41140										
			S FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			<u> </u>					RATE	FEE	TOR	RATE	FEE
FOR			NUMBE	R FILED	NUMBER EXTRA			BASIC FE	E 370.0	OR	BASIC FEE	
Ţ	OTAL CHARGE	ABLE CLAIMS	m	inus 20=	*			X\$ 9=		OR	X\$18=	
ΙN	DEPENDENT (CLAIMS	r	ninus 3 =	*			X42=			X84=	<u> </u>
М	ULTIPLE DEPE	NDENT CLAIM I	PRESENT						 	OR		
*	f the differenc	e in column 1 is	less than zero, enter "0" in column 2				+140=	 	OR	+280=		
	Λ			IENDED - PART II				TOTAL	<u></u>	OR	TOTAL	L
(Column 1)				(Colun	nn 2)	(Column 3)	SMALL		ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT /	·	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 8	Minus	1-2	5_	=		X\$ 9=		OR	X\$18=	
AM	Independent	* 3 ENTATION OF M	Minus	*** 3	CLAIN	=/		X42=		OR	X84=	
			OETH EE DE	PENDENT	CLAIM			+140=		OR	+280=	
	2						L	FOTAL ADDIT. FEE		┪╱	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)				-	ODII. I EE	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 8	Minus	** 2	5	= -		X\$ 9=		OR	X\$18=	
AM	Independent	* 3 ENTATION OF MI	Minus	*** C	SLAUL			X42=		OR	X84=	
		TO TO TO MILE	DENI' LL DE	LINDENT	CLAIM			+140=		OR	+280=	
							Al	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1) CLAIMS		(Colum HIGHE		(Column 3)						
A L		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	r	X42=		-	X84=	
	FIRST PHESE	NTATION OF ML	ILTIPLE DEF	PENDENT (DLAIM		\vdash			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												